

**CANDIDATE OATH –  
NONPARTISAN OFFICE**

(Not for use by Judicial or  
School Board Candidates)

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OFFICE USE ONLY

**OATH OF CANDIDATE**

(Section 99.021, Florida Statutes)

I, Scott Diffenderfer  
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT \* – NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of Miami Beach City Commission, N/A,  
(office) (district #)  
N/A, 4; I am a qualified elector of Miami-Dade County, Florida;  
(circuit #) (group or seat #)

I am a qualified elector of the City of Miami Beach, Florida, residing within the City at least one year before qualifying for City of Miami Beach elected office, with my legal residence being: 20 Island Ave. #402, Miami Beach, Florida. I am qualified under the ordinances and Charter of said City and under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Scott Diffenderfer 305-458-3334 scott@scottdiff.com  
X Signature of Candidate Telephone Number Email Address

20 Island Ave. #402 Miami Beach FL 33139  
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109268849

\* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

SKAHT DIF-en-DUHR-fuhr

STATE OF FLORIDA

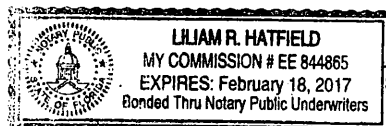
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 9th day of September, 2015.

Personally Known: ☒ or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_



Liliam R. Hatfield  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public

SEP 9 2015

# CITY OF MIAMI BEACH OATH/AFFIRMATION

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

Before me, an officer authorized to administer oaths, personally appeared Scott Diffenderfer to me well known who, being sworn, says that he/she is a candidate for the office of Mayor or City Commissioner, Group No. 4, for the City of Miami Beach, Florida; that he/she is a qualified elector of said City residing within the City at least one year before qualifying for City of Miami Beach elected office; that his/her legal residence is: 20 Island Ave. #402, Miami Beach, Miami-Dade County, Florida; that he/she is qualified under the ordinances (including Miami Beach City Code Chapter 38 governing "Elections") and Charter of said City to hold such office; and that he/she has paid the required qualification fee or filed with the City Clerk a petition approving his/her candidacy signed by sufficient qualified and registered voters to constitute not less than two percent (2%) of this number of such voters as the same shall be on the date sixty (60) days prior to the first day of qualifying as a candidate for office.

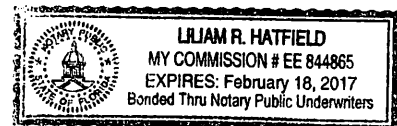
Scott Diffenderfer  
Signature of Candidate

Sworn to (or affirmed) and subscribed before me this 9<sup>th</sup> day of September, 2015, by Scott Diffenderfer.

Liljam R. Hatfield  
Signature of Notary Public, State of Florida

(NOTARY SEAL)

Liljam R. Hatfield  
Name of Notary Typed, Printed or Stamped



Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced \_\_\_\_\_

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**FORM 1****STATEMENT OF  
FINANCIAL INTERESTS****2014**Please print or type your name, mailing  
address, agency name, and position below:**FOR OFFICE USE ONLY:**

LAST NAME – FIRST NAME – MIDDLE NAME :

Diffenderfer, Glenn Scott

MAILING ADDRESS :

20 Island Ave. #402

CITY :

Miami Beach

ZIP :

FL

COUNTY :

33139

NAME OF AGENCY :

City of Miami Beach

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Commission, Group 4

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF ☒ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEERECEIVED  
2015 SEP -9 PM 4:22  
CITY CLERK'S OFFICE**\*\*\*\* BOTH PARTS OF THIS SECTION MUST BE COMPLETED \*\*\*\*****DISCLOSURE PERIOD:**

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

☒ DECEMBER 31, 2014 OR ☐ SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_**MANNER OF CALCULATING REPORTABLE INTERESTS:**

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING:

☐ COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☒ DOLLAR VALUE THRESHOLDS**PART A – PRIMARY SOURCES OF INCOME** [Major sources of income to the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

| NAME OF SOURCE<br>OF INCOME | SOURCE'S<br>ADDRESS                                   | DESCRIPTION OF THE SOURCE'S<br>PRINCIPAL BUSINESS ACTIVITY |
|-----------------------------|---|--|
| Hahne Real Estate           | 1680 Michigan Ave. Suite 914<br>Miami Beach, FL 33139 | Real Estate Sales  |
|                             |   |  |
|                             |   |  |
|                             |   |  |

**PART B – SECONDARY SOURCES OF INCOME**

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")


| NAME OF<br>BUSINESS ENTITY | NAME OF MAJOR SOURCES<br>OF BUSINESS' INCOME | ADDRESS<br>OF SOURCE | PRINCIPAL BUSINESS<br>ACTIVITY OF SOURCE |
|----------------------------|--|----------------------|--|
| n/a                        |  |                      |  |
|                            |  |                      |  |
|                            |  |                      |  |

**PART C – REAL PROPERTY** [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

20 Island Ave. #402, Miami Beach, FL 33139

**FILING INSTRUCTIONS** for when  
and where to file this form are  
located at the bottom of page 2.**INSTRUCTIONS** on who must file  
this form and how to fill it out  
begin on page 3.

|   |   |  |
|---|---|--|
| <b>PART D — INTANGIBLE PERSONAL PROPERTY</b> [Stocks, bonds, certificates of deposit, etc. - See instructions]<br>(If you have nothing to report, write "none" or "n/a")  |   |  |
| TYPE OF INTANGIBLE  | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES   |  |
| Stocks, Equity Funds  | Florida Retirement System/AON   |  |
| Bank Accounts   | Bank of America   |  |
| <b>PART E — LIABILITIES</b> [Major debts - See instructions]<br>(If you have nothing to report, write "none" or "n/a")  |   |  |
| NAME OF CREDITOR  | ADDRESS OF CREDITOR   |  |
| Wells Fargo Home Mortgage   | PO Box 14547, Des Moines, IA 50306-4547   |  |
|   |   |  |
|   |   |  |
| <b>PART F — INTERESTS IN SPECIFIED BUSINESSES</b> [Ownership or positions in certain types of businesses - See instructions]<br>(If you have nothing to report, write "none" or "n/a")  |   |  |
| NAME OF BUSINESS ENTITY   | BUSINESS ENTITY # 1   | BUSINESS ENTITY # 2  |
|   | n/a   |  |
| ADDRESS OF BUSINESS ENTITY  |   |  |
| PRINCIPAL BUSINESS ACTIVITY   |   |  |
| POSITION HELD WITH ENTITY   |   |  |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS   |   |  |
| NATURE OF MY OWNERSHIP INTEREST   |   |  |
| IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE <input type="checkbox"/>   |   |  |
| <b><u>SIGNATURE OF FILER:</u></b><br><br>Signature: <br><br>Date Signed: <u>9/9/15</u>  |   | <b><u>CPA or ATTORNEY SIGNATURE ONLY</u></b><br><br>If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:<br><br>I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.<br><br>CPA/Attorney Signature: _____<br><br>Date Signed: _____  |
| <b><u>FILING INSTRUCTIONS:</u></b>  |   |  |
| <b>WHAT TO FILE:</b><br><br>After completing all parts of this form, <b>including signing and dating it</b> , send back only the first sheet (pages 1 and 2) for filing.<br><br><b>If you have nothing to report</b> in a particular section, you must write "none" or "n/a" in that section(s).<br><br><b>NOTE:</b><br><b>MULTIPLE FILING UNNECESSARY:</b><br>A candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying. A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections. | <b>WHERE TO FILE:</b><br><br>If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.<br><br><b>Local officers/employees</b> file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)<br><br><b>State officers or specified state employees</b> file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.<br><br><b>Candidates</b> file this form together with their qualifying papers.<br><br>To determine what category your position falls under, see the "Who Must File" Instructions on page 3.<br><br><b><u>Facsimiles will not be accepted.</u></b> | <b>WHEN TO FILE:</b><br><br><b>Initially</b> , each local officer/employee, state officer, and specified state employee must file <b>within 30 days</b> of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.<br><br><b>Candidates</b> for publicly-elected local office must file at the same time they file their qualifying papers.<br><br><b>Thereafter</b> , local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.<br><br><b>Finally</b> , at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment. However, filing a CE Form 1F (Final Statement of Financial Interests) does <u>not</u> relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2014. |

**Form 9****QUARTERLY GIFT DISCLOSURE  
(GIFTS OVER \$100)**

|  |               |                       |   |  |
|--|---------------|-----------------------|---|--|
| LAST NAME – FIRST NAME – MIDDLE NAME:<br>Diffenderfer, Glenn Scott |               |                       | NAME OF AGENCY:<br>City of Miami Beach  |  |
| MAILING ADDRESS:<br>20 Island Ave. #402                            |               |                       | OFFICE OR POSITION HELD:<br>City Commission, Group 4  |  |
| CITY:<br>Miami Beach, FL 33139                                     | ZIP:<br>33139 | COUNTY:<br>Miami-Dade | FOR QUARTER ENDING (CHECK ONE):<br><input type="checkbox"/> MARCH <input checked="" type="checkbox"/> JUNE <input type="checkbox"/> SEPTEMBER <input type="checkbox"/> DECEMBER |  |
|  |               |                       | YEAR<br>2015  |  |

**PART A — STATEMENT OF GIFTS**

Please list below each gift, the value of which you believe to exceed \$100, accepted by you during the calendar quarter for which this statement is being filed. You are required to describe the gift and state the monetary value of the gift, the name and address of the person making the gift, and the date(s) the gift was received. If any of these facts, other than the gift description, are unknown or not applicable, you should so state on the form. As explained more fully in the instructions on the reverse side of the form, you are not required to disclose gifts from relatives or certain other gifts. **You are not required to file this statement for any calendar quarter during which you did not receive a reportable gift.**

| DATE RECEIVED | DESCRIPTION OF GIFT             | MONETARY VALUE | NAME OF PERSON MAKING THE GIFT | ADDRESS OF PERSON MAKING THE GIFT            |
|---------------|---------------------------------|----------------|--------------------------------|--|
| 5/9/15        | Miami Beach Chamber Gala Ticket | \$325          | Daniel Weiss                   | 9 Island Ave. #1107<br>Miami Beach, FL 33139 |
|               |                                 |                |                                |  |
|               |                                 |                |                                |  |
|               |                                 |                |                                |  |


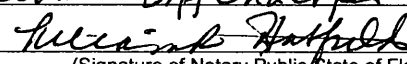
☐ CHECK HERE IF CONTINUED ON SEPARATE SHEET

**PART B — RECEIPT PROVIDED BY PERSON MAKING THE GIFT**

If any receipt for a gift listed above was provided to you by the person making the gift, you are required to attach a copy of that receipt to this form. You may attach an explanation of any differences between the information disclosed on this form and the information on the receipt.

☐ CHECK HERE IF A RECEIPT IS ATTACHED TO THIS FORM

**PART C — OATH**

|   |   |
|---|---|
| I, the person whose name appears at the beginning of this form, do<br>depose on oath or affirmation and say that the information disclosed<br>herein and on any attachments made by me constitutes a true accurate,<br>and total listing of all gifts required to be reported by Section 112.3148,<br>Florida Statutes.<br><br><br>SIGNATURE OF REPORTING OFFICIAL | STATE OF FLORIDA<br>COUNTY OF <u>Miami-Dade</u><br>Sworn to (or affirmed) and subscribed before me this<br><u>9<sup>th</sup></u> day of <u>September</u> , 20 <u>15</u><br>by <u>Scott Diffenderfer</u><br><br>(Signature of Notary Public, State of Florida)<br><u>William R. Hatfield</u><br>(Print, Type, or Stamp Commissioned Name of Notary Public)<br>Personally Known <input checked="" type="checkbox"/> OR Produced Identification<br>Type of Identification Produced _____ |
|   | SEP 9 2015  |

**PART D — FILING INSTRUCTIONS**

This form, when duly signed and notarized, must be filed with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, Florida 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, Florida 32303. The form must be filed no later than the last day of the calendar quarter that follows the calendar quarter for which this form is filed (For example, if a gift is received in March, it should be disclosed by June 30.)

# MIAMI BEACH

## NOTICE OF TESTING OF THE TABULATING EQUIPMENT (LOGIC AND ACCURACY TEST) AND CANVASSING BOARD SCHEDULE FOR THE CITY OF MIAMI BEACH GENERAL AND SPECIAL ELECTIONS NOVEMBER 3, 2015

Pursuant to Florida Statute §101.5612, notice is hereby given of the time and location of the public preelection test of the automatic tabulating equipment (Logic and Accuracy Test) for the November 3, 2015 Miami Beach General and Special Elections.

Pursuant to Florida Statute §102.141, notice is hereby given of the time and place during which the City of Miami Beach Canvassing Board for the November 3, 2015 Miami Beach General and Special Elections will meet to canvass the absentee electors' ballots and provisional ballots.

The City of Miami Beach Canvassing Board will convene at the Office of the Supervisor of Elections, 2700 NW 87 Avenue, Miami, Florida. The Canvassing Board is convening on these dates in preparation to conduct the Miami Beach General and Special Elections to be held on November 3, 2015.

| DATE/TIME  | ACTIVITY   | ATTENDANCE  |
|--|--|---|
| Thursday, 10/15/15<br>10:00 a.m.                               | 1. Logic and Accuracy Test of the touch screen and optical scan voting systems to be used for absentee, early voting, and precinct ballots   | All Canvassing Board Members or one designated Canvassing Board Member                                |
| Friday, 10/30/15<br>1:00 p.m. through<br>Tuesday, 11/3/15      | 1. Pre-count Logic and Accuracy Test of the optical scan system used for absentee and provisional ballots<br>2. Absentee ballot opening and processing (as needed)<br>3. Duplication of ballots (as needed)  | All Canvassing Board Members or one designated Canvassing Board Member                                |
| Tuesday, 11/3/15<br><br>Canvassing:<br>5:00 p.m. to completion | 1. Absentee ballot opening and processing (as needed)<br>2. Duplication of ballots (as needed)<br>3. Canvassing of presumed invalid absentee ballots and provisional ballots<br>4. Tabulation of results<br>5. <u>Unofficial</u> Results provided by the Supervisor of Elections   | All Canvassing Board Members  |
| Friday, 11/6/15<br>1:30 p.m. to completion                     | 1. Canvassing of provisional ballots (if needed)<br>2. Certification of <u>Official</u> Results, including provisionals, by the Supervisor of Elections<br>3. Post-count Logic and Accuracy Test of the optical scan system used for absentee and provisional ballots<br>4. Race and precinct(s) selection for manual post-election audit<br>5. Audit process starts to completion | All Canvassing Board Members<br><br><br><br><br>Majority of the Canvassing Board Members or designees |

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Scott Diffendörfer 9/9/15

All proceedings will be open to the public. To request this material in alternate format, sign language interpreter (five-day notice required), information on access for persons with disabilities, and/or any accommodation to review any document or participate in any City-sponsored proceedings, call 305.604.2489 and select 1 for English or 2 for Spanish, then option 6; TTY users may call via 711 (Florida Relay Service).

In accordance with Florida Statute §286.0105, a person who appeals any decision by the Canvassing Board with respect to any matter considered at a meeting, he or she will need a record of the proceedings and therefore will need to ensure that a verbatim record of the proceedings is made.

**Please note that the Canvassing Board Schedule is subject to change, if needed.** Please contact the Office of the City Clerk at 305.673.7411 if you have any questions.

The County Canvassing Board Members are TBD - County Judge, Chairperson; Rafael E. Granado, City Clerk; and TBD – Miami Beach Resident.

# MIAMI BEACH

## NOTICE OF TESTING OF THE TABULATING EQUIPMENT (LOGIC AND ACCURACY TEST) AND CANVASSING BOARD SCHEDULE FOR THE CITY OF MIAMI BEACH RUN-OFF ELECTION (IF NECESSARY) NOVEMBER 17, 2015

Pursuant to Florida Statute §101.5612, notice is hereby given of the time and location of the public preelection test of the automatic tabulating equipment (Logic and Accuracy Test) for the November 17, 2015 Miami Beach Run-Off Election (if necessary).

Pursuant to Florida Statute §102.141, notice is hereby given of the time and place during which the City of Miami Beach Canvassing Board for the November 17, 2015 Miami Beach Run-Off Election (if necessary) will meet to canvass the absentee electors' ballots and provisional ballots.

The City of Miami Beach Canvassing Board will convene at the Office of the Supervisor of Elections, 2700 NW 87 Avenue, Miami, Florida. The Canvassing Board is convening on these dates in preparation to conduct the Miami Beach Run-Off Election to be held on November 17, 2015 (if necessary).

| DATE/TIME   | ACTIVITY   | ATTENDANCE  |
|---|--|---|
| Thursday, 11/12/15<br>10:00 a.m.                                | 1. Logic and Accuracy Test of the touch screen and optical scan voting systems to be used for absentee, early voting, and precinct ballots   | All Canvassing Board Members or one designated Canvassing Board Member                    |
| Friday, 11/13/15<br>10:00 a.m. through<br>Tuesday, 11/17/15     | 1. Pre-count Logic and Accuracy Test of the optical scan system used for absentee and provisional ballots<br>2. Absentee ballot opening and processing (as needed)<br>3. Duplication of ballots (as needed)  | All Canvassing Board Members or one designated Canvassing Board Member                    |
| Tuesday, 11/17/15<br><br>Canvassing:<br>5:00 p.m. to completion | 1. Absentee ballot opening and processing (as needed)<br>2. Duplication of ballots (as needed)<br>3. Canvassing of presumed invalid absentee ballots and provisional ballots<br>4. Tabulation of results<br>5. <u>Unofficial</u> Results provided by the Supervisor of Elections   | All Canvassing Board Members  |
| Friday, 11/20/15<br>11:30 a.m. to completion                    | 1. Canvassing of provisional ballots (if needed)<br>2. Certification of <u>Official</u> Results, including provisionals, by the Supervisor of Elections<br>3. Post-count Logic and Accuracy Test of the optical scan system used for absentee and provisional ballots<br>4. Race and precinct(s) selection for manual post-election audit<br>5. Audit process starts to completion | All Canvassing Board Members<br><br>Majority of the Canvassing Board Members or designees |

*Steve Dillender* 9/9/15

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**Please note that the Canvassing Board Schedule is subject to change, if needed.** Please contact the Office of the City Clerk at 305.673.7411 if you have any questions.

The County Canvassing Board Members are TBD - County Judge, Chairperson; Rafael E. Granado, City Clerk; and TBD – Miami Beach Resident.